

SERIAL NUMBER	FILING DATE	CLASS	GROUP ART UNIT
09/213,510	12/17/98	349	2871

APPLICANT PETER BRANDT, BABENHAUSEN, FED REP GERMANY; GERD CEZANNE, SCHWALL
FED REP GERMANY; NORBERT MAY, BABENHAUSEN, FED REP GERMANY; ACHIM
REISINGER, HOFHEIM, FED REP GERMANY.

None
CONTINUING DOMESTIC DATA***
VERIFIED

None
371 (NAT'L STAGE) DATA***
VERIFIED

Yes
FOREIGN APPLICATIONS***
VERIFIED FED REP GERMANY 197 58 383.0 12/23/97

IF REQUIRED, FOREIGN FILING LICENSE GRANTED 04/28/99

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> Met after Allowance	STATE OR COUNTRY	SHEETS DRAWING	TOTAL CLAIMS	INDEPE/ CLAIMS
Verified and Acknowledged	<i>DN</i> Examiner's Initials	Initials	DEX	3	15	1

ADDRESS MARTIN A FARBER
866 UNITED NATIONS PLAZA
SUITE 473
NEW YORK NY 10017

TITLE DISPLAY UNIT

FILING FEE
RECEIVED

\$890

FEES: Authority has been given in Paper.
No. _____ to charge/credit DEPOSIT ACCOUNT
NO. _____ for the following:

<input type="checkbox"/>	Ali Fees
<input type="checkbox"/>	1.16 Fees (Filing)
<input type="checkbox"/>	1.17 Fee (Processing Ext.)
<input type="checkbox"/>	1.18 Fee (Base)
<input type="checkbox"/>	Other _____
<input type="checkbox"/>	Credit _____

Printed 02/09/2000

SERIAL NUMBER	FILING DATE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO
09/213,510	12/17/1998	349	2871	3557-US

APPLICANT
PETER BRANDT, BABENHAUSEN, FED REP GERMANY; GERD CEZANNE, SCHWALBACH,
FED REP GERMANY; NORBERT MAY, BABENHAUSEN, FED REP GERMANY; ACHIM
REISINGER, HOFHEIM, FED REP GERMANY.

CONTINUING DOMESTIC DATA****None*
VERIFIED

DN

371 (NAT'L STAGE) DATA****None*
VERIFIED

DN

FOREIGN APPLICATIONS****Yes*
VERIFIED FED REP GERMANY 197 58 383.0 12/23/1997

DN

FOREIGN FILING LICENSE GRANTED 04/28/1999

Foreign priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions met <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY	SHEETS DRAWINGS	TOTAL CLAIMS	INDEPENDENT CLAIMS
Verified and acknowledged <u>DN</u> Examiner's Name Initials	DEX	3	15	1

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DISPLAY UNIT

FILING FEE RECEIVED \$**890	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT NO. _____ for the following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of Time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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